United Churches Credit Union ATM/Debit Card/Credit Card Member Request Sheet

Date:			
Member Acct #:			
Make sure t	the following is an updated ar	d corrected address and telepho	one number:
	Name:		
	Address:		
	City:	_ Zip:	
	Telephone #:		
	ATM:	Debit:	
Card Issue:			
	Card does not work/Da	imaged magnetic strip	
	Pin number reminder	aBea magnetic strip	
	Other (Please explain b	pelow)	
Need Ne	w Pin Number:	Need New Card:	
iviembers Signature:		Date:	

Fees: \$15.00 New/Replacement Card \$2.00 Pin Reminder